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Introduction

Cerebral venous sinus thrombosis (CVST) is a rare, life-threatening condition linked to hypercoagulability during pregnancy. Diagnosing CVST is challenging as symptoms like headache and seizures overlap with other obstetric issues. This case highlights a CVST diagnosis in a 31-year-old primigravida post-labor induction.

Objectives

1. Present a rare CVST case following labor induction.
2. Highlight diagnostic challenges of CVST in obstetrics settings.
3. Emphasize the need for multidisciplinary management of CVST
4. Explore treatment strategies like anticoagulation and seizure prevention.

Case Summary

Patient Information:

- Age: 31 years
- Gravida/Para: Primigravida
- Gestational Age: 38 weeks + 4 days

Presenting Complaint:

Full term pregnancy with cholestasis (S. BA -22)

Labor Induction:

- Mechanical: Balloon catheter
- Medical: Misoprostol

Post Induction Complications:

- Slurring of speech
- Left upper limb weakness (2/5)
- Abnormal body movement

On Examination:

conscious, barely cooperative
BP – 90/60, PR – 120bpm

Obstetric examination:

- Contracted uterus
- Fetal Bradycardia
- Blood stained liquor (placental abruption)

Emergency C-section:

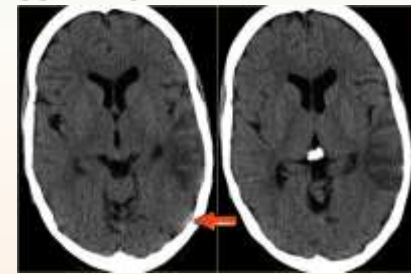
Performed under general anaesthesia

ICU Post operative Complications:

5 hours postoperatively patient had respiratory insufficiency and hemodynamic instability for which patient was put into ventilatory support.

Diagnosis & Imaging

- **Hb – 7.0 g%**
- **SGOT/SGPT/S.Bil – 158/204/0.8**
- **Trop T and maternal ECHO – Normal**
- Positive FDP and raised D-dimer levels.
- **CT Scan:** Cortical hyperdensity in the left temporal lobe, suggesting CVST



Management:

- **Anticoagulation:** LMWH 0.6ml SC OD, Ecosprin 150 mg OD
- **Antiepileptics:** Levetriacetam 500mg IVTDS
- **ICP management:** Mannitol 100cc IV stat
- **ICU Care:** Respiratory support and hemodynamic stabilization

Discussion

CVST in pregnancy presents with overlapping symptoms of conditions like eclampsia, stroke, and placental abruption, making diagnosis challenging. Timely imaging is crucial. Risk factors include pregnancy-induced hypercoagulability. Management requires multidisciplinary care, including anticoagulation and antiepileptics and full recover is possible.

Conclusion

CVST is a rare but serious condition in pregnancy, requiring early diagnosis and multidisciplinary management. Timely intervention with anticoagulation and supportive care can lead to full recovery, as demonstrated in this case.

Reference

- Düring & Corten (2018). **Obstetric complications and management of cerebral venous thrombosis in pregnancy.** Journal of Obstetrics and Gynecology, 40(4), 123-130.
- Tsai & Dursun (2019). **Multidisciplinary management of cerebral venous thrombosis in pregnancy.** European Journal of Obstetrics and Gynecology, 145(1), 56-60.